

Janice K. Brewer  
Governor



Jenna Jones  
Executive Director

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1400 W. Washington, Room 240, Phoenix, Arizona 85007-2937  
Phone (602) 364-1739 FAX (602) 364-1039

[www.vetboard.az.gov](http://www.vetboard.az.gov)

### **VOLUNTEER CANDIDATE INFORMATION**

Dear Candidate:

Thank you for your interest in volunteering for our agency. Volunteers play a vital role in our mission to protect the public and the animals of our State. All volunteer forms are reviewed with consideration of current volunteer opportunities. The Arizona State Veterinary Medical Examining Board is asking for a 24-month commitment for volunteers. Volunteer Candidate Information forms are kept on file for 12 months.

The Investigative Committee meets the first Tuesday of every month, except for the month of July. There is a morning Investigative Committee that meets from 9:00am – 12:00pm and an afternoon Investigative Committee that meets from 1:00pm – 4:00pm. The ending times are approximate, meetings may run longer or shorter based on the day's agenda and complexity of cases reviewed. Each Committee consists of three veterinarians and two lay members.

If you would like to be considered for an Investigative Committee position, please complete the attached Volunteer Candidate Information Form and fax or mail to the Board's office.

If you have any questions, please feel free to contact the Board's office.

Thank you,

Jenna Jones  
Executive Director  
Arizona State Veterinary Medical Examining Board

# VOLUNTEER CANDIDATE INFORMATION FORM

Investigative Committee Member for the  
Arizona State Veterinary Medical Examining Board

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Please print or type information

## PERSONAL INFORMATION

Dr./Mr./Mrs./Ms./ Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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## AVAILABILITY

Which Committee would you prefer to serve on?

Morning (9:00am – 12:00pm) \_\_\_\_\_ Afternoon (1:00pm – 4:00pm) \_\_\_\_\_ Either: \_\_\_\_\_

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## WORK EXPERIENCE

1. Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Position and Job Duties: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Position and Job Duties: \_\_\_\_\_

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## EDUCATIONAL BACKGROUND

High School (last grade completed): \_\_\_\_\_

Post Secondary (please specify): \_\_\_\_\_

Special Training: \_\_\_\_\_

## PREVIOUS VOLUNTEER EXPERIENCE

1. Organization: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Assignments/Duties: \_\_\_\_\_

\_\_\_\_\_

2. Organization: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Assignments/Duties: \_\_\_\_\_

\_\_\_\_\_

## INTERESTS/HOBBIES/ACTIVITIES

Please List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

Have you ever been charged with a crime? (You may omit minor traffic offenses) \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about our volunteer opportunity? \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer for the Arizona State Veterinary Medical Examining Board's Investigative Committee? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission to contact the above individuals, any previous employers, and/or supervisors of my volunteer commitments. YES: \_\_\_\_\_ NO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
“I certify that all information submitted by me on this form is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my volunteer candidacy may be rejected and active volunteer status may be terminated at any time.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Reference Check and Comments: \_\_\_\_\_

\_\_\_\_\_  
Interview Date and Comments: \_\_\_\_\_

\_\_\_\_\_  
Start Date: \_\_\_\_\_ Committee: AM: \_\_\_\_\_ PM: \_\_\_\_\_

Handbook: \_\_\_\_\_ Forms Signed: \_\_\_\_\_ Bag: \_\_\_\_\_